



REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Mail Stop RCE Commissioner for Patents P.O. 1450 Alexandria, VA 22313-1450

Application No.	10/040,702
Filing Date	December 28, 2001
First Named Inventor	David M. Lee et al.
Art Unit	2664
Examiner Name	Chirag G. Shah
Attorney Docket Number	42390P13768

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2. Submission required under 37 C.F.R. § 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked. Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on (Any unentered amendment(s) referred to above will be entered). Consider the arguments in the Appeal Brief or Reply Brief previously filed on ii. iii. ☐ Other **Enclosed** \boxtimes ☐ Information Disclosure Statement (IDS) ☐ Other ☐ Affidavit(s)/Declaration(s) Miscellaneous 2. Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required) ☐ Other 3. Fees The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 02-2666 RCE fee required under 37 C.F.R. § 1.17(e) and any additional claims fee(s) Extension of time fee (37 C.F.R. § 1.136 and 1.17) 08/19/2005 SHASSEN1 00000007 10040702 ☐ Other: (\$.00) 790.00 OP 01 FC:1801 □ Check in the amount of \$790.00 enclosed Payment by credit card (Form PTO-2038 enclosd) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Registration No. (Attorney/Agent) 55,515 Name (Print/Type) Ashley R. Ott August 16, 2005 Signature CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. August 16, 2005 Leah Schwenke Name (Print/Type) Date August 16, 2005 Signature

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SEE TO A MODALTTAL		Complete if Known		
EE TRANSMITTAL	Application Number	10/040,702		
for FY 2005	Filing Date	December 28, 2001		
Patent fees are subject to annual revision.	First Named Inventor	David M. Lee et al.		
Applicant plains applied the state Con 27 CER 1 27	Examiner Name	Chirag G. Shah		
Applicant claims small entity status. See 37 CFR 1.27.	Art Unit	2664		
TOTAL AMOUNT OF PAYMENT (\$) 790.00	Attorney Docket No.	42390P13768		
METHOD OF PAYMENT (check all that apply)				
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ O	ther (please identify):			
Deposit Account Deposit Account Number: 02-2666 Deposit Account Deposit Account Number: 02-2666	eposit Account Name:	Blakely, Sokoloff, Taylor & Zafman LLP		
For the above-identified deposit account, the Director is he Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	Charge fee(s)	indicated below, except for the filing fee		
FEE CALCULATION				
Total Claims	•*or number	reviously paid, if greater, For Reissues, see below		
Page Page	.129(a))	Fee Paid		
Other fee (specify) Request for Continued Examination SUBTOTAL (2)		(\$) 790.00		

SUBMITTED BY Complete (if applicable)					lete (if applicable)
Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515	Telephone	(303) 740-1980
Signature	ally Odl			Date	08/16/05